David Chasman 535 W. 110<sup>th</sup> #3A New York, NY 10025 August 11, 2009

JP Morgan Chase Bank N.A.

Subject: Addendum to form N15199 for Rose Ann Chasman IRA.

#### Dear Madam or Sir:

I have other IRA beneficiary accounts from my mother, Rose Ann Chasman, deceased, that will be used to satisfy the RMD (required minimum distribution). It is for this reason that I have indicated a beginning distribution date of 2049 – which I will modify when necessary to satisfy RMD requirement. I have discussed this with Lexi Valdez SID: 1065626 - if you have any further questions about this please contact her. If you have any further questions for me, please call me.

Thank You

David Chasman

#### Traditional IRA Election of Payment by Beneficiary (Continued)

Rose Ann Chasman 355-30-6310

#### Payment Instructions

| —   | ge assets. I hereby dir  | ect that the asset(s) listed t   | <i>vithdrawal.</i> )<br>pelow be liquidated and distri   | buted,  |
|---|--|--|--|---|
| □ If the plan holds brokera<br>Decedent's IRA to my Be  | ge assets, I hereby dir<br>eneficiary IRA.   | ect that my share of the as  | set(s) listed below be journa  | led from the  |
| Brokerage Account Number  | Position   | Description or CUSIP #   | # of Shares  | All Shares  |
|   |  |  |  |   |
| "   | W W  |  |  |   |
|   |  |  |  |   |
| -   | "  | 1111   |  |   |
| Attach additional sheet if necess   | ary.   | 101  |  |   |
| □Paid by check to me  | ade: □Monthly □0<br>01/01/2049<br>neck one and compliase □checking or I<br>at the address liste  | Quarterly Semiannuall ete requested informatio savings account # ed above  | y <b>⊠</b> Annualiy  |   |
|   | <b>J</b>   | <u></u>  |  | &   |
|   |  |  |  |   |
| Financial I   | nstitution's Name  |  | Institution's Routing Transit I  | Number  |
|   |  |  |  |   |
| Mail  | ing Address  |  | City, State Zip  |   |
| Beneficiary Acknowledg The Custodian is authorize   | ement  | savings account form is re-<br>distribute from my sha  |  | A in the manns  |
| Beneficiary Acknowledg The Custodian is authorize requested above. I have re Custodial Agreement and Di be fees associated with the I am responsible for ensur distributions can have imp applicable, will be report accounting or tax advisor the resulting distributions. I regarding this election are m   | ement  ed and directed to ceived, read and a sclosure Statement liquidation of certain ing that there are cortant tax conseq ed to the IRS on for questions. I a certify that no tax or  | distribute from my shat<br>agree to the terms that<br>and Account Rules and<br>investments including e<br>sufficient funds for the<br>uences and that these<br>Form 1099-R. I und<br>assume full responsibility<br>legal advice has been of    | are of the deceased's IR govern my share as con Regulations. I acknowled arly withdrawal penalties, se distributions. I unders distributions, and any toderstand that I should y for the consequences of given to me by the Custod any resulting liabilities  Notary (required if not comp   | tained in the IR. ge that there ma I understand that thes tand that thes ax withholding i consult a legal this election anian. All decision |
| The Custodian is authorize requested above. I have re Custodial Agreement and Di be fees associated with the I am responsible for ensur distributions can have impapplicable, will be report accounting or tax advisor the resulting distributions. I   | ement  ed and directed to ceived, read and a sclosure Statement liquidation of certain ing that there are cortant tax conseq ed to the IRS on for questions. I a certify that no tax or  | distribute from my shat<br>agree to the terms that<br>and Account Rules and<br>investments including e<br>sufficient funds for the<br>uences and that these<br>Form 1099-R. I und<br>assume full responsibility<br>legal advice has been of    | govern my share as con- Regulations. I acknowled arly withdrawal penalties. se distributions. I unders distributions, and any toderstand that I should by for the consequences of given to me by the Custod any resulting liabilities  Notary (required if not composite of Florido.   | tained in the IR. ge that there ma I understand that thes tand that thes ax withholding i consult a legal this election anian. All decision |
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N15199 (12/2006)

Distribution: 1 Copy - Retirement Services FL2-3 1 Copy - Participant



## JPMorgan Chase Bank, N.A.

Custodian

## TRADITIONAL IRA ELECTION OF PAYMENT BY BENEFICIARY

Use this form to request a withdrawel from a Traditional IRA, Traditional Rollover IRA (Conduit), SEP, or SARSEP due to the death of a participant. To facilitate payment, a copy of the death certificate must be submitted with this request. Additional information may be required, including but not limited to letters of appointment or authority issued by a court of proper jurisdiction (applies to Estates only), properly executed inheritance or Estate tax waiver forms issued by the appropriate department (if applicable), and/or a copy of the Trust document. A separate form must be submitted for each beneficiary. To submit new instructions for a systematic sell of mutual funds held in your retirement brokerage account, complete a Mutual Fund Systematic Request. To change existing instructions for a systematic sell of mutual funds held in your retirement brokerage account, complete a Systematic Change Request.

| Steet Address  | t Alien  | •                                       |                                  |  | (La                     | (Middle Initial)                |             | Participant Name (First) |
|--|----------|---|----------------------------------|--|-------------------------|---------------------------------|-------------|--------------------------|
| Street Address  City  Chicago  Chicago  Date of Birth  Date of Birth  Date of Date of Birth  Date of Date of Date of Date  Plan Type  Request Type  New request  Change of existing instruction  Beneficiary Information  Beneficiary Name (First)  City  Chasman  Street Address  City  State  Zip Code  New York  NY  10025  Sodal Security/Taxpayer ID Number  Date of Birth, if applicable  Date of Birth, if applicable  Trust  Charity  Charity  Residency Status  Zip Code  New York  NY  10025  Residency Status  Zip Code  New York  NY  10025  Residency Status  Zip Code  New York  NY  10025  Type of Beneficiary:  Wildling Individual   Estate   Trust   Charity   Other  Name of Executor, Trustee, Charity Representative, if applicable   | t Alien  | •                                       |                                  | hasman   | С                       | Ann                             |             |                          |
| Date of Birth   Date of Death   Residency Status   Stat   | t Alien  | 60645                                   | State                            |  |                         |                                 |             | Street Address           |
| Plan Type  Traditional IRA  Traditional Rollover IRA (Conduit)  SEP  SARSEP  Request Type  New request  Change of existing instruction  Beneficiary Information  Beneficiary Name (First)  (Middle Initial)  (Last)  David   | t Alien  | 000**0                                  | IL                               | nicago   | С                       |                                 |             |                          |
| Plan Type  | t Alien  |   |                                  | ate of Death   |                         | Date of Birth                   |             | Social Security Number   |
| Request Type New request   |          | esident Alien □ Non-Resident A          | US Citizen □Re                   |  |                         |                                 |             |                          |
| Beneficiary Information  Beneficiary Name (First) (Middle Initial) (Last)  David Chasman  Street Address City State Zip Code  New York NY 10025  Social Security/Taxpayer ID Number Date of Birth, if applicable Caytime Phone Number Residency Status  Type of Beneficiary: Individual Estate Trust Charity Other  Name of Executor, Trustee, Charity Representative, if applicable   |          | □SARSEP                                 | duit) □SEP                       | al Rollover IRA (Co  | dition                  |                                 |             |                          |
| Beneficiary Name (First) (Middle Initial) (Last)  David Chasman  Street Address City State Zip Code  New York NY 10025  Social Security/Texpayer ID Number Date of Birth, if applicable Caytime Phone Number W US Citizen Resident Alien Non-Residency Status  Type of Beneficiary: Individual Estate Trust Charity Other  Name of Executor, Trustee, Charity Representative, if applicable  |          |   | n                                | of existing instruct   | ange                    | rest Cr                         | New rec     | Request Type             |
| Beneficiary Name (First) (Middle Initial) (Last)  David Chasman  Street Address City State Zip Code  New York NY 10025  Social Security/Texpayer ID Number Date of Birth, if applicable Caytime Phone Number W US Citizen Resident Alien Non-Residency Status  Type of Beneficiary: Individual Estate Trust Charity Other  Name of Executor, Trustee, Charity Representative, if applicable  |          |   |                                  |  |                         | n                               | Informati   | Beneficiary (            |
| Street Address  City New York NY 10025  Social Security/Texpayer ID Number Date of Birth, if applicable Caytime Phone Number Date of Birth, if applicable Caytime Phone Number Residency Status US Citizen Resident Alien ID Non-Resident Alien ID |          |   |                                  | st)  | (La                     |                                 | )           | Beneficiary Name (First) |
| Scolal Security/Taxpayer ID Number   Date of Birth, if applicable   Caytime Phone Number   Residency Status   State   Caytime Phone Number   Residency Status   Caytime Phone Number   Caytime Phone Number   Residency Status   Caytime Phone Number   Caytime Phone Number   Residency Status   Caytime Phone Number   Residency Status   Caytime Phone Number   Caytime Phone Number   Caytime Phone Number   Residency Status   Caytime Phone Number   Cayti |          |   |                                  | hasman   | Ċ                       | ·                               |             | David                    |
| New York NY 10025  Social Security/Taxpayer ID Number Date of Birth, if applicable Caytime Phone Number W US Citizen □ Resident Alien □ Non-Resident Alien   |          | Zip Code                                | State                            |  |                         |                                 | '           | Street Address           |
| Social Security/Taxpayer ID Number  Date of Birth, if applicable  Caytime Phone Number  Residency Status  US Clitizen □ Resident Alien □ Non-Re  Type of Beneficiary:  Value of Birth, if applicable  Caytime Phone Number  Residency Status  Caytime Phone Number  Residency Status  Caytime Phone Number  Residency Status  Caytime Phone Number  Caytime Phon |          | •                                       | NY                               | ew York  | N                       |                                 |             |                          |
| Type of Beneficiary: ☑ Individual □ Estate □ Trust □ Charity □ Other  Name of Executor, Trustee, Charity Representative, if applicable   |          |   |                                  |  | cable                   | ate of Birth, if app            | r ID Number | Social Security/Taxpayer |
| Name of Executor, Trustee, Charity Representative, if applicable   | sident A |   |                                  |  |                         |                                 | _           |                          |
| Name of Executor, Trustee, Charity Representative, if applicable   | _        |   | <del>-</del>                     |  | 4-4-                    |                                 |             | Type of Bonefici         |
|  |          |   | ☐Other                           | ⊔Trust ⊔Charity  | state                   | ividual LE                      |             |                          |
| Elections I elect to:  |          | "                                       |                                  |  |                         |                                 |             |                          |
|  |          |   |                                  |  | ر المحالة م             |                                 |             |                          |
|  |          |   | วกe iump sum.                    | : total distribution II  | odiate                  | ceive an imm                    |             |                          |
| Beneficiaries  Heceive an immediate partial distribution of \$ with the balance to be distributed as selected below.   |          | with the                                |                                  |  |                         |                                 |             | Dericitalies             |
| Sole Beneficiary The participant died before their Required Beginning Date* and I elect to:  |          | and I elect to:                         | *ated paina                      | ore their Required   | d bef                   | participant die                 | v The       | Sole Beneficiar          |
| Is the Spouse Receive distributions beginning no later than December 31 of the calendar year   | in whi   | 31 of the calendar year in              | an December 3                    | peginning no later i   | tions                   | ceive distribu                  | □R          |                          |
| the participant would have reached age 70 ½ or December 31 of the calendar year  | after    | 31 of the calendar year a               | or December                      | e reached age 70   | ld ha                   | articipant wou                  | the         |                          |
| the year of the participant's death (check one);   | witter   | o i o i i o o o o o o o o o o o o o o o | a):                              | nt's death (check o  | icipar                  | ear of the par                  | the         |                          |
| Over my single life expectancy   |          |   | ·/·                              |  |                         |                                 |             |                          |
| , .u   |          | ctancy)                                 | ingle life expec                 | (not to exceed my  | vears                   | Over                            | ļ           |                          |
| □ Over vears (not to exceed my single life expectancy)   |          | 7.cm 10 y /                             | mv own.                          | participant's plan   | easec                   | sume the dec                    | □A          |                          |
| □ Over years (not to exceed my single life expectancy) □ Assume the deceased participant's plan as my own.   |          |   |                                  |  |                         |                                 |             |                          |
| ☐ Assume the deceased participant's plan as my own.  |          | ate* and i elect to:                    | ed Beginning Da                  | or after their Regu  | d on                    | articipant die                  | The         |                          |
| ☐ Assume the deceased participant's plan as my own.  The participant died on or after their Required Beginning Date* and I elect to:   |          | 31 of the calendar year aft             | an December 3                    | eginning no later t  | ions (                  | ceive distribu                  | ļ□R         |                          |
| □ Assume the deceased participant's plan as my own.  The participant died on or after their Required Beginning Date* and I elect to: □ Receive distributions beginning no later than December 31 of the calendar year  | after ti | •                                       |                                  | death (check one):   | ant's                   | of the particip                 | l vea       |                          |
| □ Assume the deceased participant's plan as my own.  The participant died on or after their Required Beginning Date* and I elect to: □ Receive distributions beginning no later than December 31 of the calendar year of the participant's death (check one):  | after t  |   |                                  | _  | da EC.                  | Over my sind                    | 704         |                          |
| □ Assume the deceased participant's plan as my own.  The participant died on or after their Required Beginning Date* and I elect to:  □ Receive distributions beginning no later than December 31 of the calendar year of the participant's death (check one):  □ Over my single life expectancy   | after ti |   |                                  |  |                         |                                 |             |                          |
| □ Assume the deceased participant's plan as my own.  The participant died on or after their Required Beginning Date* and I elect to:  □ Receive distributions beginning no later than December 31 of the calendar year year of the participant's death (check one):  | after t  | ngle life                               | longer of my si                  |  |                         |                                 |             |                          |
| □ Assume the deceased participant's plan as my own.  The participant died on or after their Required Beginning Date* and I elect to: □ Receive distributions beginning no later than December 31 of the calendar year year of the participant's death (check one): □ Over my single life expectancy □ Over years (not to exceed the longer of my single life expectancy or the single life expectancy of the decedent)   |          | ent)                                    | y of the decede                  | s (not to exceed the<br>single life expecta                        | year<br>or the          | Over                            |             |                          |
| □ Assume the deceased participant's plan as my own.  The participant died on or after their Required Beginning Date* and I elect to:  □ Receive distributions beginning no later than December 31 of the calendar year year of the participant's death (check one):  □ Over my single life expectancy □ Over years (not to exceed the longer of my single life   | ent's    | ent)<br>derstand that the deceden       | y of the decede<br>my own, I und | s (not to exceed the<br>single life expectal<br>participant's plan | year<br>or the<br>eased | Over<br>expectancy sume the dec | □A          |                          |

N15199 (07/07)

Distribution: 1 Copy - Retirement Services FL2-3319

1 Copy - Participant

Page 1 of 3

| The participant died before their Required Beginning Date* and I elect to receive distributions beginning no later than December 31 of the calendar year after the year of the participant's death (check one):  © Over my single life expectancy  Over years (not to exceed my single life expectancy)  The participant died on or after their Required Beginning Date* and I elect to receive distributions beginning no later than December 31 of the calendar year after the year of the participant's death (check one):  Over my single life expectancy  Over years (not to exceed the longer of my single life expectancy or the single life expectancy of the decedent) |
|---|
| □ The participant died before their Required Beginning Date* and I elect to receive distributions over years (not to exceed five years which ends on December 31 of the calendar year which contains the fifth anniversary of the participant's death).  □ The participant died on or after their Required Beginning Date* and I elect to receive distributions over years (not to exceed the remaining single life expectancy of the deceased participant).  □ I elect to receive periodic distributions according to the rules applicable to a Trust with one or more designated beneficiaries.   |
|   |

Rose Ann Chasman 355-30-6310

#### IV. Withholding Election

Distributions from a Traditional IRA, Traditional Rollover IRA (Conduit), SEP or SARSEP are subject to Federal and, in some cases, State income tax withholding. Unless you elect otherwise below, 10% of your distribution amount must be withheld in prepayment of Federal income taxes. This election will remain in effect until revoked in writing, by you. If applicable, State income tax must be withheld according to requirements for your state of residence. Several states require withholding from your distribution if you are subject to Federal income tax withholding (DE, IA, KS, ME, MA, NC, OK, OR, VT) and may require that a separate election form be completed. Consult your tax advisor for additional information regarding State income tax withholding.

## Please note the following if you are requesting payment to be sent outside the United States:

- If you are a U.S. Citizen living abroad, you are not able to opt out of Federal income tax withholding and a rate of 10% will be withheld unless a greater amount is indicated.
- If you are a non-resident alien and opting out of withholding, a completed Form W-8BEN must accompany this
  form in order to comply with the tax treaty for your country of permanent residence.

Caution: There are penalties for not paying enough federal income taxes during the year, either through withholding from distributions or by making estimated tax payments. For more information regarding estimated federal income tax requirements and penalties, please see Publication 505, Tax Withholding and Estimated Tax, available from most IRS offices or on line at <a href="https://www.irs.ustreas.gov">www.irs.ustreas.gov</a>.

| Regarding Federal income tax withholding, I elect to have (check one):  No Federal income tax withheld from my distributions.  withheld (must be 10% or greater)  summarized withheld (amount must be 10% or more of the distribution amount)   |
|---|
| Regarding State income tax withholding, I understand the withholding requirements for my state of residence and hereby elect to have (check one):  No State income tax withheld from my distributions or I certify that I am not subject to State tax withholding.  Withheld  (amount) withheld  from my distributions or I certify that I am not subject to State tax withholding. |
| I further understand that certain states require withholding of either 1) a specific <b>minimum</b> percent of my distribution or federal withholding amount, or 2) an amount in whole dollars only. By signing below, I authorize the  |

Custodian to adjust the withholding amount or percent requested above to meet those requirements, if applicable.

N15199 (07/07) Distribution: 1 Copy - Retirement Services FL2-3319

1 Copy - Participant

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<sup>\*</sup> Required Beginning Date is April 1 of the calendar year following the year the participant attained or would have attained age 70½.

David Chasman 535 W. 110<sup>th</sup> #3A New York, NY 10025

February 2, 2009

JP Morgan Chase Bank N.A.

Subject: Addendum to form N15199 for Rose Ann Chasman IRA.

#### Dear Madam or Sir:

Please transfer the IRA of my mother, Rose Ann Chasman, deceased, to myself and my brother, Haim Chasman. These contract bear a coupon or 12% or so, which we expect to be transferred to us (50% to each of us). We will satisfy our minimum IRA distribution requirements using other accounts left to use by our mother. Any distributions necessary to satisfy minimum withdrawal rules will be explicitly requested by us individually – and we will at that time provide you with payment instructions. If you are for any reason unable to comply with this request, please contact me.

Thank You.

David Chasman

## JPMorgan Chase Bank, N.A.

Custodian

## TRADITIONAL IRA ELECTION OF PAYMENT BY BENEFICIARY

(Last)

(Middle Initial)

Use this form to request a withdrawal from a Traditional IRA, Traditional Rollover IRA (Conduit), SEP, or SARSEP due to the death of a participant. To facilitate payment, a copy of the death certificate must be submitted with this request. Additional information may be required, including but not limited to letters of appointment or authority issued by a court of proper jurisdiction (applies to Estates only), properly executed inheritance or Estate tax waiver forms issued by the appropriate department (if applicable), and/or a copy of the Trust document. A separate form must be submitted for each beneficiary. To submit new instructions for a systematic sell of mutual funds held in your retirement brokerage account, complete a Mutual Fund Systematic Request. To change existing instructions for a systematic sell of mutual funds held in your retirement brokerage account, complete a Systematic Change Request.

|      | Rose                                   | Ann                                 | Chasman                                     |                               |                      |  |                   |
|------|--|-------------------------------------|---|-------------------------------|----------------------|--|-------------------|
|      | Street Address                         |                                     | City  | State                         | Zip Code             |  | •                 |
|      | 2604 W. Jarvis Social Security Number  | Date of Birth                       | Chicago  Date of Death                      | IL Residency Status           | 60645                |  | _                 |
|      |  |                                     | (Calculation)                               | ₩ US Citizen □ Re             | esident Alien □ Non- | -Resident Alien  |                   |
|      |  |                                     |   |                               |                      | T. GOOD TO THE TOTAL TO THE TOTAL TO |                   |
|      |  |                                     | ditional Rollover IR                        |                               | □SARSEP              |  |                   |
|      | Request Type   Ne                      | w request 🗆 Ch                      | nange of existing ins                       | struction                     |                      |  | 1                 |
|      |  |                                     |   |                               |                      |  | _                 |
| II.  | Beneficiary Infor                      |                                     |   |                               |                      |  |                   |
|      | Beneficiary Name (First)               | (Middle Initial)                    | (Last)                                      |                               |                      |  | ٦                 |
|      | David<br>Street Address                |                                     | Chasman<br>City                             |                               |                      |  |                   |
|      | 535 W. 110th #3A                       |                                     | •   | State                         | Zip Code             |  |                   |
|      | Social Security/Taxpayer ID Nur        | mber Date of Birth, if app          | New York licable Daytime Phone              | Number Desider or Ct-4        | 10025                |  | _                 |
|      |  |                                     | Daytino Thoric                              | i igoladiloj diai             |                      | Non-Resident Alien   | Particular States |
| l    | P************************************* |                                     |   | 77 CO Chizen                  | Tresident Aller L    | Non-Resident Allen   | _                 |
|      | Type of Beneficiary:                   | ☑ Individual □E                     | state □Trust □C                             | harity □Other                 |                      |  | 7                 |
|      | Name of Executor, Trustee, Cha         | rity Representative, if application | able  |                               |                      |  | 7                 |
|      |  |                                     |   |                               |                      |  | -                 |
|      |  |                                     |   |                               |                      |  | ,                 |
|      |  |                                     |   |                               |                      |  |                   |
| III. | Election of Paym                       | ent (Election option                | ns are based on the                         | separate accounting i         | ules. Consult yo     | our tax advisor.)  |                   |
|      | Elections                              | I elect to:                         |   |                               | *                    |  | 7                 |
|      | Available to All                       |                                     | nediate total distribu                      | tion in one lump sum.         |                      |  |                   |
|      | Beneficiaries                          | □Receive an imm                     | ediate partial distrib                      | oution of \$                  | with the             |  |                   |
|      |  | balance to be d                     | istributed as selecte                       | ed below.                     | with the             |  |                   |
|      |  |                                     |   |                               |                      |  | -                 |
|      | Sole Beneficiary                       | The participant die                 | ed <b>before</b> their Requ                 | uired Beginning Date*         | and I elect to:      |  |                   |
|      | Is the Spouse                          | ☐ Receive distribu                  | tions beginning no                          | ater than December 3          | 1 of the calenda     | ir year in which   |                   |
|      |  | the participant wol                 | ald have reached ac                         | ge 70 ½ or December           | 31 of the calend     | ar year after  |                   |
| ĺ    |  | Over my sine                        | ticipant's death (cho<br>le life expectancy | eck one):                     |                      |  |                   |
| Ì    |  | DOVER THY SING                      | ne me expectancy                            | ad mary minimum to 1985 miles |                      |  |                   |
|      |  | Assume the dec                      | eased participant's                         | ed my single life exped       | tancy)               |  |                   |
|      |  | -/ losame the dec                   | cased participants                          | plan as my own.               |                      |  |                   |
|      |  | The participant die                 | d on or after their l                       | Required Beginning D          | ate* and I aloot t   | <u>.,</u> .  | -                 |
|      |  | ☐Receive distribu                   | tions beginning no l                        | ater than December 3          | 1 of the calenda     | v.   |                   |
|      |  | year of the particip                | ant's death (check                          | one):                         | TOT THE CATEFICA     | i year aiter tile  | -                 |
|      |  | □Over my sing                       | gle life expectancy                         |                               |                      |  |                   |
| 1    |  | □Over                               | years (not to exce                          | ed the longer of my si        | nale life            |  |                   |
|      |  | expectancy                          | or the single life exp                      | ectancy of the decede         | ent)                 |  | ĺ                 |
|      |  | ☐ Assume the dec                    | eased participant's                         | plan as my own. Lund          | erstand that the     | decedent's   |                   |
|      |  | required minimum                    | distribution must be                        | withdrawn prior to as         | suming the IRA       | I authorize the  |                   |
|      |  | payment of any rer                  | maining required mi                         | nimum distribution am         | ount to me.          |  |                   |
| L    |  |                                     |   |                               |                      |  |                   |

N15199 (07/07) Confidential

I.

Participant Information

Participant Name (First)

| Non-spouse               | The nationant diad before their D.  |
|--------------------------|---|
| Individual               | The participant died <b>before</b> their Required Beginning Date* and I elect to receive                                      |
| Beneficiary(ies) or      | distributions beginning no later than December 31 of the calendar year after the year of the participant's death (check one): |
| Spouse Who Is            | MOVer my single life expectancy CDD A DDD 3   |
| Not the Sole             | ☑ Over my single life expectancy SEE ATTACHED ADDENDUM ☐ Over years (not to exceed my single life expectancy)                 |
|                          | years (not to exceed my single life expectancy)   |
| Beneficiary              | The participant died on or after their Required Beginning Date* and I elect to receive  |
|                          | distributions beginning no later than December 31 of the calendar year after the year of the                                  |
|                          | participant's death (check one):  |
|                          | □Over my single life expectancy   |
|                          | Over years (not to exceed the longer of my single life  |
|                          | expectancy or the single life expectancy of the decedent)   |
| Beneficiary Is           | ☐ The participant died <b>before</b> their Required Beginning Date* and I elect to receive                                    |
| Estate, Trust, or        | distributions over years (not to exceed five years which ends on December 31 of   |
| Charity (additional      | the calendar year which contains the fifth anniversary of the participant's death)  |
| documentation is         | I he participant died on or after their Required Beginning Date* and Lelect to receive  |
| required)                | distributions over years (not to exceed the remaining single life expectancy of the   |
|                          | queceased particpant).  |
|                          | ☐ I elect to receive periodic distributions according to the rules applicable to a Trust with                                 |
|                          | one or more designated beneficiaries.   |
| * Required Regioning Det | e is April 1 of the colondary con fall with the   |

Rose Ann Chasman

355-30-6310

## IV. Withholding Election

Distributions from a Traditional IRA, Traditional Rollover IRA (Conduit), SEP or SARSEP are subject to Federal and, in some cases, State income tax withholding. Unless you elect otherwise below, 10% of your distribution amount must be withheld in prepayment of Federal income taxes. This election will remain in effect until revoked in writing, by you. If applicable, State income tax must be withheld according to requirements for your state of residence. Several states require withholding from your distribution if you are subject to Federal income tax withholding (DE, IA, KS, ME, MA, NC, OK, OR, VT) and may require that a separate election form be completed. Consult your tax advisor for additional information regarding State income tax withholding.

Please note the following if you are requesting payment to be sent outside the United States:

- If you are a U.S. Citizen living abroad, you are not able to opt out of Federal income tax withholding and a rate of 10% will be withheld unless a greater amount is indicated.
- If you are a non-resident alien and opting out of withholding, a completed Form W-8BEN must accompany this
  form in order to comply with the tax treaty for your country of permanent residence.

Caution: There are penalties for not paying enough federal income taxes during the year, either through withholding from distributions or by making estimated tax payments. For more information regarding estimated federal income tax requirements and penalties, please see Publication 505, Tax Withholding and Estimated Tax, available from most IRS offices or on line at www.irs.ustreas.gov.

| Regarding Federal income tax withholding, I elect to have (check one):   |          |          |
|--|----------|----------|
| No Federal income tax withheld from my distributions.  |          |          |
| % withheld (must be 10% or greater)  |          |          |
| withheld (amount must be 10% or more of the distribution amount)   |          |          |
|  |          |          |
| Regarding <b>State income tax withholding</b> , I understand the withholding requirements for my and hereby elect to have (check one): |          |          |
| □ No State income tax withheld from my distributions or I certify that I am not subject to State to % withheld                         | ax withl | nolding. |
| S (amount) withheld  |          |          |
| □% of federal withholding amount withheld  |          |          |
| I further understand that certain states require withholding of either 1) a service of   |          |          |

distribution or federal withholding amount, or 2) an amount in whole dollars only. By signing below, I authorize the Custodian to adjust the withholding amount or percent requested above to meet those requirements, if applicable.

<sup>\*</sup> Required Beginning Date is April 1 of the calendar year following the year the participant attained or would have attained age 70½.

## Traditional IRA Election of Payment by Beneficiary

Rose Ann Chaeman

| Continued)   | aymone by bonor   | iolar y  |   | 355-30-63   |
|--|---|--|---|---|
| A. Instructions Regarding (Complete this section only if  If the plan holds brokers If the plan holds brokers  | non-FDIC investments mage assets, I hereby directing age assets, I hereby directing   | ts ust be used to fund this w t that the asset(s) listed b   | ithdrawal.)   |   |
| Decedent's IRA to my E   |   |  |   | <b>,</b>  |
| Brokerage Account Number   | Position De   | scription or CUSIP#  | # of Shares   | All Shares  |
|  | ·   |  |   |   |
|  |   |  |   |   |
|  |   |  |   |   |
| Attach additional sheet if neces   |   |  |   |   |
| □Paid by check to n  | ·   | e requested information savings account #above   | n):   |   |
| Financial  | Institution's Name  |  | Institution's Routing Transi  | t Number  |
|  |   |  |   |   |
| Ma   | ailing Address  | avings account form is re  | City, State Zip   |   |
| The Custodian is authorized requested above. I have a custodial Agreement and I be fees associated with the lam responsible for ensudistributions can have in applicable, will be reported accounting or tax advisor the resulting distributions regarding this election are | received, read and ag<br>Disclosure Statement a<br>e liquidation of certain in<br>uring that there are so<br>portant tax consequented to the IRS on For for questions. I as<br>I certify that no tax or I | ree to the terms that nd Account Rules and nvestments including eufficient funds for the ences and that these form 1099-R. I unesume full responsibilitiegal advice has been getting the state of the st | govern my share as co<br>Regulations. I acknowle<br>arly withdrawal penalties<br>se distributions. I unde<br>distributions, and any<br>derstand that I should<br>for the consequences<br>given to me by the Custo | ntained in the Illedge that there moderated the restand that the tax withholding I consult a leg of this election and in. All decision. |
| gnature of Beneficiary/Guardian  |   | -/2/2009<br>Date   | State of  |   |
| ccepted by JPMorgan Chase Bank, N  | V.A. (Custodian)  | Thos Date  | Subscribed and sworn to me  | Date  |
| 001/   | Mail Code   | Cost Center No.  | Notary Signature  Date 02/02/09   |   |
| Employee Name<br>FIGUE   | Co A  | Employee No.<br>D152480  | Telephone No. 2/2 56/90   | 21  |

David Chasman 535 W. 110<sup>th</sup> #3A New York, NY 10025 +1 917 238 7500 david.chasman@gmail.com July 14, 2008

JP Morgan Chase Bank N.A.

Subject: Addendum to form N15199 for Rose Ann Chasman IRA.

Dear Madam or Sir:

Please transfer the IRA of my mother, Rose Ann Chasman, deceased, to myself and my brother, Haim Chasman. These contract bear a coupon or 12% or so, which we expect to be transferred to us (50% to each of us). Any distributions necessary to satisfy minimum withdrawal rules will be explicitly requested by us individually. If you are for any reason unable to comply with this request, please contact me.

Thank You.

David Chasman

# 3rd Pg Not Rec JPMorgan Chase Bank, N.A.

## TRADITIONAL IRA ELECTION OF PAYMENT BY BENEFICIARY

Use this form to request a withdrawal from a Traditional IRA, Traditional Rollover IRA (Conduit), SEP, or SARSEP due to the death of a participant. To facilitate payment, a copy of the death certificate must be submitted with this request. Additional information may be required, including but not limited to letters of appointment or authority issued by a court of proper jurisdiction (applies to Estates only), properly executed inheritance or Estate tax waiver forms issued by the appropriate department (if applicable), and/or a copy of the Trust document. A separate form must be submitted for each beneficiary. To submit new instructions for a systematic sell of mutual funds held in your retirement brokerage account, complete a Mutual Fund Systematic Request. To change existing instructions for a systematic sell of mutual funds held in your retirement brokerage account, complete a Systematic Change Request.

| Participant Info   |   |  |   |  |
|--|---|--|---|--|
| Participant Name (First)   | (Middle Initial)  | (Last)   |   |  |
| Rose   | Ann   | Chasman  |   |  |
| Street Address   |   | City   | State   | Zip Code   |
| 2604 W. Jarvis   |   | Chicago  | IL  | 60645  |
| Social Security Number   | Date of Birth   | Date of Death  | Residency Status  |  |
|  |   |  | ☑ US Citizen ☐R   | Resident Alien □ Non-Resident Alien  |
| Plan Type  | aditional IRA 🖾 Tradi   | tional Rollover IRA  | (Conduit) □SEP  | □SARSEP  |
| Request Type   Ne  |   | nge of existing instr  |   |  |
|  |   |  |   |  |
| Beneficiary Information Beneficiary Name (First)                                       |   | ***************************************  |   |  |
| , , ,  | (Middle Initial)  | (Last)   |   |  |
| David  |   | Chasman  |   |  |
| Street Address   |   | City   | State   | Zip Code   |
| 535 W. 110th #3A   |   | New York   | NY NY   | 10025  |
| Social Security/Taxpayer ID Nu   | mber Date of Birth, if applica  | able Daytime Phone N   | rituoraurio, uta  |  |
| · · · · · · · · · · · · · · · · · · ·  |   |  |   | ☐ Resident Alien ☐ Non-Resident Al   |
| Type of Panaficianu  | Findividual Test  | от Птин Пов  | :t <b>T</b> O#  |  |
| Type of Beneficiary:   | ☑Individual □Est  | ate u rust ucha  | arity $\square$ Other   |  |
| Name of Executor, Trustee, Cha   |   |  |   |  |
| Election of Paym   |   | are based on the s   | eparate accounting  | rules. Consult your tax adviso   |
|  | I elect to:   | SEE AD   | DENDUM  |  |
| Election of Paym   | I elect to:<br>□Receive an imme   | SEE AD   | DENDUM<br>on in one lump sum  |  |
| Election of Paym   | I elect to: □Receive an imme □Receive an imme   | SEE AD   | DENDUM<br>on in one lump sum  |  |
| Election of Paym<br>Elections<br>Available to All<br>Beneficiaries                     | I elect to: □Receive an imme □Receive an imme balance to be dis   | SEE Andiate total distribution diate partial distributed as selected   | on in one lump sum tion of \$   | with the   |
| Election of Paym<br>Elections<br>Available to All<br>Beneficiaries<br>Sole Beneficiary | I elect to:  □ Receive an imme □ Receive an imme balance to be dis  The participant died  | SEE Andiate total distribution diate partial distributed tributed as selected before their Requi   | on in one lump sum tion of \$   | with the   |
| Election of Paym<br>Elections<br>Available to All<br>Beneficiaries                     | I elect to:  □Receive an imme □Receive an imme balance to be dis  The participant died □Receive distributi  | SEE And distribution of the diate total distribution of the diate partial distributed as selected before their Requirements beginning no la  | on in one lump sum tion of \$   | with the  * and I elect to: 31 of the calendar year in which   |
| Election of Paym<br>Elections<br>Available to All<br>Beneficiaries<br>Sole Beneficiary | I elect to:  □Receive an imme □Receive an imme balance to be dis  The participant died □Receive distributi the participant woul   | SEE And distribution of the diate total distribution of the diate partial distributed as selected before their Requirements beginning no laid have reached age   | on in one lump sum stion of \$  | with the   |
| Election of Paym<br>Elections<br>Available to All<br>Beneficiaries<br>Sole Beneficiary | I elect to:  □ Receive an imme □ Receive an imme balance to be dis  The participant died □ Receive distributi the participant woul the year of the parti  | SEE And distribution of the control  | on in one lump sum stion of \$  | with the  * and I elect to: 31 of the calendar year in which   |
| Election of Paym<br>Elections<br>Available to All<br>Beneficiaries<br>Sole Beneficiary | I elect to:  □ Receive an imme □ Receive an imme balance to be dis  The participant died □ Receive distribution the participant would the year of the participant □ Over my single  | diate total distribution diate partial distributed as selected before their Requirement on beginning no lad have reached age cipant's death (check life expectancy   | on in one lump sum ation of \$  | with the  * and I elect to: 31 of the calendar year in whice 31 of the calendar year after   |
| Election of Paym<br>Elections<br>Available to All<br>Beneficiaries<br>Sole Beneficiary | I elect to:  □ Receive an imme □ Receive an imme balance to be dis  The participant died □ Receive distributi the participant woul the year of the parti □ Over my single □ Over  | diate total distribution diate partial distributed as selected before their Requirement ons beginning no lad have reached age cipant's death (check life expectancy years (not to exceed   | red Beginning Date ter than December ck one):                                       | with the  * and I elect to: 31 of the calendar year in whice 31 of the calendar year after   |
| Election of Paym<br>Elections<br>Available to All<br>Beneficiaries<br>Sole Beneficiary | I elect to:  □ Receive an imme □ Receive an imme balance to be dis  The participant died □ Receive distribution the participant would the year of the participant □ Over my single  | diate total distribution diate partial distributed as selected before their Requirement ons beginning no lad have reached age cipant's death (check life expectancy years (not to exceed   | red Beginning Date ter than December ck one):                                       | with the  * and I elect to: 31 of the calendar year in whice 31 of the calendar year after   |
| Election of Paym<br>Elections<br>Available to All<br>Beneficiaries<br>Sole Beneficiary | I elect to:  □ Receive an imme □ Receive an imme balance to be dis  The participant died □ Receive distribution the participant would the year of the participant would be a compared to the participant would be a compared to the year of the participant would be a compared to the participant | diate total distribution diate partial distributed as selected before their Requirement ons beginning no lad have reached age cipant's death (check life expectancy years (not to exceed ased participant's p  | red Beginning Date ter than December ck one):  I my single life expedian as my own. | with the  * and I elect to: 31 of the calendar year in which and the calendar year after ectancy)  |
| Election of Paym<br>Elections<br>Available to All<br>Beneficiaries<br>Sole Beneficiary | I elect to:  □Receive an imme balance to be dis  The participant died □Receive distribution the participant would the year of the participant would be used to be distribution. If the participant would be used to be used | diate total distribution diate partial distributed as selected before their Requirements beginning no lad have reached age cipant's death (check elife expectancy years (not to exceed ased participant's participan | on in one lump sum stion of \$  | with the  * and I elect to: 31 of the calendar year in whice the calendar year after ectancy)  Date* and I elect to:   |
| Election of Paym<br>Elections<br>Available to All<br>Beneficiaries<br>Sole Beneficiary | I elect to:  □ Receive an imme balance to be dis  The participant died □ Receive distribution the participant would the year of the participant would be used on the year of the participant would be used on the year of the participant died □ Receive distribution died □ Receive distribution died □ Receive d | diate total distribution diate partial distributed as selected before their Requirement on beginning no lad have reached age cipant's death (checked life expectancy years (not to exceed ased participant's polynomials).   | on in one lump sum stion of \$  | with the  * and I elect to: 31 of the calendar year in which and the calendar year after ectancy)  |
| Election of Paym<br>Elections<br>Available to All<br>Beneficiaries<br>Sole Beneficiary | I elect to:  □Receive an imme balance to be dis  The participant died □Receive distribution the participant would the year of the participant died □ Over   | diate total distribution diate partial distributed as selected before their Requions beginning no lad have reached age cipant's death (check elife expectancy years (not to exceed ased participant's political forms beginning no lad int's death (check of   | on in one lump sum stion of \$  | with the  * and I elect to: 31 of the calendar year in whice the calendar year after ectancy)  Date* and I elect to:   |
| Election of Paym<br>Elections<br>Available to All<br>Beneficiaries<br>Sole Beneficiary | I elect to:  □ Receive an imme balance to be dis  The participant died □ Receive distribution the participant would the year of the participant died □ Over   | diate total distribution diate partial distributed as selected before their Requirement ons beginning no lad have reached age cipant's death (check elife expectancy years (not to exceed ased participant's political participant's political participant on a lad int's death (check of le life expectancy le life expectancy  | on in one lump sum sition of \$   | with the  * and I elect to: 31 of the calendar year in which r 31 of the calendar year after ectancy)  Date* and I elect to: 31 of the calendar year after the   |
| Election of Paym<br>Elections<br>Available to All<br>Beneficiaries<br>Sole Beneficiary | I elect to:  □ Receive an imme balance to be dis  The participant died □ Receive distribution the participant would the year of the participant died □ Over   | diate total distribution diate partial distributed as selected before their Requirement ons beginning no lad have reached age cipant's death (check elife expectancy years (not to exceed participant's polynomials of the consistent of the consisten | on in one lump sum stion of \$  | with the  * and I elect to: 31 of the calendar year in which r 31 of the calendar year after ectancy)  Date* and I elect to: 31 of the calendar year after the   |
| Election of Paym<br>Elections<br>Available to All<br>Beneficiaries<br>Sole Beneficiary | I elect to:  □ Receive an imme balance to be dis  The participant died □ Receive distribution the participant would the year of the participant died □ Over   | diate total distribution diate partial distributed as selected before their Requirement ons beginning no lad have reached age cipant's death (check elife expectancy years (not to exceed ased participant's polynomial of the consistent of the check of the life expectancy years (not to exceed the life expectancy years (not to exceed the single life expectancy the single life expectancy of the life expectancy the single life expectancy of the life expectancy the single life expectancy of the life expecta | on in one lump sum stion of \$  | with the  * and I elect to: 31 of the calendar year in which r 31 of the calendar year after ectancy)  Date* and I elect to: 31 of the calendar year after year after the calendar year after |
| Election of Paym<br>Elections<br>Available to All<br>Beneficiaries<br>Sole Beneficiary | I elect to:  □ Receive an imme balance to be dis  The participant died □ Receive distribution the participant would the year of the participant died □ Over   | diate total distribution diate partial distributed as selected before their Requirement ons beginning no lad have reached age cipant's death (check elife expectancy years (not to exceed ased participant's policy death (check of life expectancy years (not to exceed the life expectancy years (not to exceed the single life expectancy years (not to exceed the single life expectancy ased participant's policy distribution of the life expectancy years (not to exceed the single life expectancy)  | on in one lump sum stion of \$  | with the  * and I elect to: 31 of the calendar year in which r 31 of the calendar year after ectancy)  Date* and I elect to: 31 of the calendar year after year after the calendar year after year |
| Election of Paym<br>Elections<br>Available to All<br>Beneficiaries<br>Sole Beneficiary | I elect to:  □ Receive an imme balance to be dis  The participant died □ Receive distribution the participant would the year of the participant died □ Over   | diate total distribution diate partial distributed as selected before their Requirement ons beginning no lad have reached age cipant's death (check elife expectancy years (not to exceed ased participant's point's death (check or life expectancy years (not to exceed the life expectancy years (not to exceed the single life expectancy years (not to exceed the single life expectancy ased participant's polistribution must be set to as elected.   | on in one lump sum ation of \$  | with the  * and I elect to: 31 of the calendar year in which r 31 of the calendar year after ectancy)  Date* and I elect to: 31 of the calendar year after the single life dent) derstand that the decedent's essuming the IRA. I authorize the  |

N15199 (07/07) Confidential

Distribution: 1 Copy - Retirement Services FL2-3319 1 Copy - Participant

JPM 000030

### Traditional IRA Election of Payment by Beneficiary Rose Ann Chasman (Continued) 355-30-6310 V. Payment Instructions A. Instructions Regarding Non-FDIC Investments (Complete this section only if non-FDIC investments must be used to fund this withdrawal.) ☐ If the plan holds brokerage assets, I hereby direct that the asset(s) listed below be liquidated and distributed. ☐ If the plan holds brokerage assets, I hereby direct that my share of the asset(s) listed below be journaled from the Decedent's IRA to my Beneficiary IRA. **Brokerage Account Number** Position Description or CUSIP # # of Shares **All Shares** Attach additional sheet if necessary. B. Instructions Regarding Retirement CDs and Money Market Accounts 1. Payments are to be made: ☐Monthly ☐Quarterly ☐Semiannually ☐Annually 2. Begin payments on 3. Payments are to be (check one and complete requested information): □ Deposited to my Chase □ checking or □ savings account # □ Paid by check to me at the address listed above □ Deposited to my □ checking or □ savings account # Financial Institution's Name Institution's Routing Transit Number Mailing Address City, State Zip (A voided check or savings account form is required.) **Beneficiary Acknowledgement** The Custodian is authorized and directed to distribute from my share of the deceased's IRA in the manner requested above. I have received, read and agree to the terms that govern my share as contained in the IRA Custodial Agreement and Disclosure Statement and Account Rules and Regulations. I acknowledge that there may be fees associated with the liquidation of certain investments including early withdrawal penalties. I understand that I am responsible for ensuring that there are sufficient funds for these distributions. I understand that these distributions can have important tax consequences and that these distributions, and any tax withholding if applicable, will be reported to the IRS on Form 1099-R. I understand that I should consult a legal, accounting or tax advisor for questions. I assume full responsibility for the consequences of this election and the resulting distributions. I certify that no tax or legal advice has been given to me by the Custodian. All decisions

regarding this election are my own and I hold the Custodian harmless of any resulting liabilities

Notary (required if not completed in branch)

State of

County of

Subscribed and sworn to me

Date

Notary Signature

| REQUIRED BRANCH/DEF | PARTMENT INFORMA | ATION       |                  |           |               | <u> </u> |
|---------------------|------------------|-------------|------------------|-----------|---------------|----------|
| Bank No. 0091       | Mail Code        |             | Cost Center No.  |           | Date 07/14/08 |          |
| Employee Name FIGN  | ROA              | Emplo<br>D/ | yee No.<br>52480 | Telephone | No. 9619021   |          |

# JPMorgan Chase Bank, N.A.

Custodian

# TRADITIONAL IRA ELECTION OF PAYMENT BY BENEFICIARY

Use this form to request a withdrawal from a Traditional IRA, Traditional Rollover IRA (Conduit), SEP, or SARSEP due to the death of a participant. To facilitate payment, a copy of the death certificate must be submitted with this request. Additional information may be required, including but not limited to letters of appointment or authority issued by a court of proper jurisdiction (applies to Estates only), properly executed inheritance or Estate tax waiver forms issued by the appropriate department (if applicable), and/or a copy of the Trust document. A separate form must be submitted for each beneficiary. To submit new instructions for a systematic sell of mutual funds held in your retirement brokerage account, complete a Mutual Fund Systematic Request. To change existing instructions for a systematic sell of mutual funds held in your retirement brokerage account, complete a Systematic Change Request.

| Pascipann Name (First) Rose Steek Asdress St  | I.  | Participant Inf  | ormation   |                             |  |
|---|-----|--|--|-----------------------------|--|
| Chasman   Chasman   Chasman   Chy   Status   Zip Code   |     | Participant Name (First)   | (Middle Initial)   | (Last)                      |  |
| Chicago   Chic    |     |  |  |                             | · · · · · · · · · · · · · · · · · · ·              |
| Social Security Number   Date of Birth   Date of Dat    |     | Street Address   | 7370   |                             |  |
| Social Security Number  |     | 2604 W. Jarvis   |  | •                           | State Zip Code                                     |
| Plan Tyng   |     | Social Security Number   | Date of Birth  |                             |  |
| Plan Type   |     |  | 5512 51 21111  | 1                           | Residency Status                                   |
| Plan Type   |     |  |  | <u> </u>                    | W US Citizen □ Resident Alien □ Non-Resident Alien |
| Request Type  New request   |     | Plan Type 69 x   |  |                             |  |
| Beneficiary Information   Section   Characterist   Characterist   Characterist   Characterist   Section   Section   Section   Section   Characterist   Cha    |     |  | raditional IRA □Tradi  | tional Rollover IRA (Cor    | nduit) USER CISARSER                               |
| Beneficiary Information   Section     |     | Request Type 🗆 N   | ew request   Cha   | nge of existing instruction | - DARGEP   |
| Beneficiary Name (First)   (Middle Initial)   (Last)  |     |  | 1  | ingo of existing meaded     | on   |
| Beneficiary Name (First)   (Middle Initial)   (Last)  | e i | B  |  |                             |  |
| Seth   Charman   Seth   Charman   State   Zip Code  |     | Beneficiary Info   |  |                             |  |
| Street Address   Security/Texpayer   D Number   Date of Birth, if applicable   Daytime Phone Number   Residency Status   W S Citizen   Resident Alien   Non-Resident Alien   No    |     |  | (Middle Initial)   | (Last)                      |  |
| Social Security/Taxpayer ID Number   Date of Birth, if applicable   Daytime Phone Number   Residency Status   Type of Beneficiary:   Mindividual   Estate   Trust   Charity   Other   |     |  | Seth   | Chasman                     |  |
| Daytime Phone Number   Daytime Phone Number   Daytime Phone Number   Residency Status   Resident Alien   Non-Resident Alien   Non-Res    |     |  |  | City                        | Chris  |
| Date of Birth, if applicable   Daytime Phone Number   Daytime Phone Number   Residency Status   Residency Status   Us Critizen   Resident Alien   Non-Resident Alien   Non-Resi    |     | 548 Cumberland Street  |  | Englawas                    |  |
| Type of Beneficiary: Manne of Executor, Trustee, Charity Representative, if applicable    See A + accounting rules. Consult your tax advisor.)   See A + accounting rules. Consult your tax advisor.)   See A + accounting rules. Consult your tax advisor.)   See A + accounting rules. Consult your tax advisor.)   See Beneficiary   Receive an immediate total distribution in one lump sum.   Receive an immediate partial distribution of \$ with the balance to be distributed as selected below.    Sole Beneficiary   The participant yield before their Required Beginning Date* and Letect to:   Receive distributions beginning no later than December 31 of the calendar year after the year of the participant would have reached age 70 ½ or December 31 of the calendar year after the year of the participant of each (check one):   Over  |     | Social Security/Taxpayer ID Nu   | imber   Date of Birth, if applica  |                             |  |
| Type of Beneficiary:   Individual   Estate   Trust   Charity   Other  |     |  | and a supplied   | Dayting Phone Number        | 1  |
| Type of Beneficiary:   Individual   Estate   Trust   Charity   Other  |     | <del></del>  |  |                             | ■ US Citizen □ Resident Alien □ Non-Resident Alien |
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| the year of the participant's death (check one):  Over my single life expectancy  years (not to exceed my single life expectancy)  Assume the deceased participant's plan as my own.  The participant died on or after their Required Beginning Date* and I elect to:  Receive distributions beginning no later than December 31 of the calendar year after the year of the participant's death (check one):  Over my single life expectancy  Over years (not to exceed the longer of my single life expectancy or the single life expectancy of the decedent)  Assume the deceased participant's plan as my own. I enderstand that the decedent's required minimum distribution must be withdrawn priors to the standard that the decedent's   | - 1 |  |  |                             |  |
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| The participant died on or after their Required Beginning Date* and I elect to:  Receive distributions beginning no later than December 31 of the calendar year after the year of the participant's death (check one):  Over my single life expectancy  vears (not to exceed the longer of my single life expectancy or the single life expectancy of the decedent)  Assume the deceased participant's plan as my own. I enderstand that the decedent's required minimum distribution must be withdrawn prior to the terms of the decedent's  | Ì   |  | ☐Assume the decea  | sed participant's alarma    | origie life expectancy)                            |
| year of the participant's death (check one).  Over my single life expectancy years (not to exceed the longer of my single life expectancy of the single life expectancy of the decedent)  Assume the deceased participant's plan as my own. I anderstand that the decedent's required minimum distribution must be withdrawn prior to a decease of the decedent.  |     |  |  | sed ballucibalit s blan as  | my own.  |
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| Over my single life expectancy Over   |     |  | CIDITION OF CHAPTER  | is decimating no langring   | n December 31 of the calendar year offer the       |
| Over my single life expectancy  Over  | - [ | :  |  |                             |  |
| overyears (not to exceed the longer of my single life expectancy or the single life expectancy of the decedent)  □ Assume the deceased participant's plan as my own. I anderstand that the decedent's required minimum distribution must be withdrawn prior to the decedent's   | -   | 1  | □ Over my single.  | life expectancy             | <u> </u>   |
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| Assume the deceased participant's plan as my own. I anderstand that the decedent's required minimum distribution must be withdrawn prior to a control of the decedent's   |     | in the state of t  |  | are (not to exceed the      | onger of my single life                            |
| required minimum distribution must be withdrawn prior to adderstand that the decedent's   |     | 1  | expectables or t   | ne sinole lite evnactora    | v of the data = -11                                |
|   | 1   |  |  | ed participant's nion se    | house makes Permut to the second                   |
| payment of any remaining required minimum distribution amount to me.  | 1   |  |  |                             |  |
| and the state of t  | -   | 1  | payment of any remain  | ning required minimum       | distribution assuming the IKA. I authorize the     |
|   | L   |  |  | addited trittuitifull       | distribution amount to me.                         |
|   |     |  |  | <u> </u>                    |  |

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| Non-spouse                                  | The participant died before their Required David   |
|---|--|
| Individual                                  | The participant died before their Required Beginning Date* and I elect to receive  |
| Beneficiary(ies) or                         | distributions beginning no later than December 31 of the calendar year after the year of the participant's death (check one):  |
| C U   | SAE ATTACHED ADDENDU   |
| Spouse Who Is                               | The interpretation of the property of the property but   |
| Not the Sole                                | Tene 5 years (not to exceed my single life expectancy)   |
| Beneficiary                                 | ·  |
|   | The participant died on or after their Required Beginning Date* and I elect to receive   |
|   | )  |
| and the second second                       | participant's death (check one):   |
|   | Over my single life expectancy   |
|   | Dover (state of the control of the c |
|   | Over years (not to exceed the longer of my single life   |
| <u> </u>                                    | expectancy or the single life expectancy of the decedent)  |
| Beneficiary is                              | The participant died before the  |
| Estate, Trust, or                           | The participant died before their Required Beginning Date* and I elect to receive  |
| Charity (additional                         | WESTS (10) TO SYCHAR TWO VACES Which and a second second   |
| Citatity (additional                        | I THE PROPERTY YEAR WINSELL CONTROLS THE TITLE PROPERTY AS A SECTION OF THE CONTROL OF THE CONTR |
| documentation is                            | The Participant View on or affer their Regulator Registron Registron that a second sec |
| required)                                   | years (not to exceed the remaining single life expectancy as the   |
|   |  |
|   | elect to receive periodic distributions according to the rules applicable to a Trust with  |
|   | one or more designated beneficiaries.  |
|   |  |
| <ul> <li>Required Beginning Date</li> </ul> | e is April 1 of the calendar year following the year the participant attained or would have attained age 70%.  |
|   | 7 η η  |

Rose Ann Chasman 355-30-6310

#### IV. Withholding Election

Distributions from a Traditional IRA, Traditional Rollover IRA (Conduit), SEP or SARSEP are subject to Federal and, in some cases, State income tax withholding. Unless you elect otherwise below, 10% of your distribution amount must be withheld in prepayment of Federal income taxes. This election will remain in effect until revoked in writing, by you. If applicable, State income tax must be withheld according to requirements for your state of residence. Several states require withholding from your distribution if you are subject to Federal income tax withholding (DE, IA, KS, ME, MA, NC, OK, OR, VT) and may require that a separate election form be completed. Consult your tax advisor for additional information regarding State income tax withholding.

Please note the following if you are requesting payment to be sent outside the United States:

- If you are a U.S. Citizen living abroad, you are not able to opt out of Federal income tax withholding and a rate of 10% will be withheld unless a greater amount is indicated.
- If you are a non-resident alien and opting out of withholding, a completed Form W-8BEN must accompany this form in order to comply with the tax treaty for your country of permanent residence.

Caution: There are penalties for not paying enough federal income taxes during the year, either through withholding from distributions or by making estimated tax payments. For more information regarding estimated federal income tax requirements and penalties, please see Publication 505, Tax Withholding and Estimated Tax, available from most IRS offices or on line at

| Regarding Federal income tax withholding, I elect to have (check No Federal income tax withheld from my distributions.  '' withheld (must be 10% or greater)  s withheld (amount must be 10% or more of the d   | ·  |
|---|--|
| Regarding State income tax withholding, I understand the withhold hereby elect to have (check one):  No State income tax withheld from my distributions or I certify that withheld seems of the withheld seems of the withheld seems of the withheld seems of the withholding amount withheld |  |
| I further understand that certain states require withholding of eidistribution or federal withholding amount, or 2) an amount in whole Custodian to adjust the withholding amount or percent required to be   | ther 1) a specific <b>minimum</b> percent of my<br>dollars only. By signing below, I authorize the |

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Custodian to adjust the withholding amount or percent requested above to meet those requirements, if applicable.

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| Traditional IRA Election of Payment by Beneficiary (Continued) |   |  |  | Rose Ann Chasman   |  |  |  |
|--|---|--|--|--|--|--|--|
| V. Payment Instructions  |   |  |  |  | 355-30-6310  |  |  |
|  | A. Instructions Regarding Non-Epic I  |  |  |  |  |  |  |
|  | (Complete this section only if non-FDIC investments must be used to fund  If the plan holds brokerage assets, I hereby direct that the asset(s) I  If the plan holds brokerage assets, I hereby direct that my share of Decedent's IRA to my Beneficiary IRA.   |  |  | this withdrawal.)  |  |  |  |
|  |   |  |  |  |  | ibuted.  |  |
|  |   |  |  | the asset(s) listed below be journaled from the  |  |  |  |
|  | Brokerage Account Number  | Position De  |  | Burgara (San San San San San San San San San San   | Calculation of the Control of the Co | 19)  |  |
| Ļ  |   |  | Mandelle Coulded, And Committee State County of the County | 50.0400 G1820 0010 (60.00)   | HI OF SHARES   |  |  |
| Ļ  |   |  |  |  |  |  |  |
| -  |   |  |  |  |  |  |  |
| L  |   |  |  |  |  |  |  |
|  | Attach additional sheet if neces  | ssary,   |  |  | <u> </u>   |  |  |
| 1  | Instructions Regarding Retirement CDs and Money Market Accounts  1. Payments are to be made: □Monthly □Quarterly □Semian nually □Annually  2. Begin payments on □  3. Payments are to be (check one and complete requested information): □Deposited to my Chase □checking or □savings account #□Paid by check to me at the address listed above □Deposited to my □checking or □savings account #□ |  |  |  |  | <br>at   |  |
|  |   |  | ·  |  |  | aı   |  |
|  | Financial Institution's Name  |  |  | Institution's Routing Transit Number   |  |  |  |
|  |   |  |  | O'the O'the O'the  |  |  |  |
|  | Ma  | iling Address  | _  |  |  |  |  |
|  | (A voided check or savings account form   |  |  | is required.)  |  |  |  |
| VI.  | Beneficiary Acknowleds The Custodian is authorize requested above. I have re Custodial Agreement and D be fees associated with the I am responsible for ensure distributions can have impapplicable, will be report accounting or tax advisor the resulting distributions. I regarding this election are m  | ed and directed to diseceived, read and agreeisclosure Statement and inquidation of certain inviting that there are sufportant tax consequenced to the IRS on For questions. I assocertify that no tax or legally own and I hold the Consequence of the IRS o | d Account Rules of Account Rules of Account Rules of Access and that the Access and that the Access and the Acc | and Regulation and Regulation are early withdrawinese distribution and extrapolation for the color given to messof any resulting | r snare as controls. I acknowledge awal penalties. I tions. I understons, and any tathat I should consequences of a by the Custodiang liabilities.   | ained in the IRA ye that there may I understand that tand that these x withholding if consult a legal, this election and an. All decisions |  |
| July   | nature of Beneficiary/Guardian  |  | ate  |  |  |  |  |
| Signature or Beneficiary/Guardien Date  Nayauf Journa 09/09/08 |   |  | County of  |  |  |  |  |
| X  | X   |  |  | Subscribed and swom to me  |  |  |  |
| 766  | -pied by Jeworgan Chase Bank, N,A   | ۸. (Custodian)   | Date   | Notary Sig   | nature   | <del></del>  |  |
| R  | EQUIRED BRANCH/DEPAR  | TMENT INFORMATIO   | N  |  | <u> </u>   | <u> </u>   |  |
| B  | ank No. Ma  | il Code  | Cost Center No.  | 1  | Date   |  |  |
| Er   | nployee Name  |  |  |  | 9/08/08  |  |  |
|  | • • • • • • • • • • • • • • • • • • •   | Emp  | oloyee No.   | Telephone No   | ).   |  |  |
|  |   |  |  |  |  |  |  |

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Haim Chasman 548 Cumberland Street Englewood, NJ 07631

September 8, 2008

JP Morgan Chase Bank N.A.

Subject: Addendum to form N15199 for Rose Ann Chasman IRA.

Dear Madam or Sir:

Please transfer the IRA of my mother, Rose Ann Chasman, deceased, to myself and my brother, David Chasman. These contract bear a coupon or 12% or so, which we expect to be transferred to us (50% to each of us). Any distributions necessary to satisfy minimum withdrawal rules will be explicitly requested by us individually. If you are for any reason unable to comply with this request, please contact me.

Thank You.

Haim Chasman